MEDICAL RECORD - NURSING DISCHARGE SUMMARY

For use of this form, see AR 40-66; the proponent agency is OTSG

1. Date/Time:

2. Discharge to: ☐ Home Other *(specify)*

3. Mode: ☐ Ambulatory Other *(specify)*

4. Accompanied by:

5. Activity: ☐ Limitations *(specify)*

_____ Patient and/or Significant Other (S.O.) communicates knowledge and understanding of activity limitations.

6. Diet: ☐ No Dietary Restrictions If special, identify

_____ Patient/S.O. communicates understanding of dietary restrictions.

7. Medications: ☐ No Medication Required

Name of Medication	Dosage	Frequency of Medication	Special Instructions

_____ Patient and/or S.O. communicates knowledge and understanding of name, dosage, frequency and special instructions.

8. Treatments/Care:

Instructions Given:	Patient/S.O. observed Demonstrations (Date)	Patient/S.O. Returned Demonstration (Date)

Equipment/Supplies (Specify)

9. Follow-up: You should be seen in _____ clinic in _____ (time period).

_____ Patient/S.O. communicates understanding of follow-up instructions.

10. Patient's Condition (Health Status relative to Nursing Care Plan):

11. Signature (Registered Nurse)

12. Additional Information:

13. Patient Identification:

COPY 1 - INPATIENT RECORD COPY

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COPY 2 - PATIENT COPY

MEDICAL RECORD - NURSING DISCHARGE SUMMARY

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10. Patient's Condition (Health Status relative to Nursing Care Plan):

11. Signature (Registered Nurse)

12. Additional Information:

13. Patient Identification:

COPY 3 - HEALTH RECORD / OUTPATIENT TREATMENT RECORD COPY